

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1936**

FILED FEB 1 1953

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **3030** Registrar's No. **12**

1. PLACE OF DEATH
 a. COUNTY **Jefferson**
 b. CITY (If outside corporate limits, write RURAL and give township) **Festus**
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Jefferson**
 c. CITY (If outside corporate limits, write RURAL and give township) **Festus**
 d. STREET ADDRESS (If rural, give location) **35a Main St**

3. NAME OF DECEASED
 a. (First) **Lucy** b. (Middle) **Bell** c. (Last) **Grooms**
 4. DATE OF DEATH (Month) (Day) (Year) **Jan 23-1953**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **July 11-1888** 9. AGE (In years last birthday) Months Days **64 6 12**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) **Hickman Ky.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Edward Grooms**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Garland Grooms 35a Main Festus Mo**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive cardiovascular disease**
 ANTECEDENT CAUSES **Coronary occlusion**
 DUE TO (b) **Coronary occlusion**
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**
 INTERVAL BETWEEN ONSET AND DEATH **2 to 3 hrs**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **10-52**

22. I hereby certify that I attended the deceased from ~~1-23-53~~, 19 **1-23-1953**, to **1-23-1953**, that I last saw the deceased alive on **1-23-1953**, and that death occurred at **8:20 A.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **[Signature] M.D.** 23b. ADDRESS **Capital City, Mo.** 23c. DATE SIGNED **1-23-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-24-53** 24c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cem.** 24d. LOCATION (City, town, or county) (State) **Charleston Mo.**

DATE REC'D BY LOCAL REG. **1-23-53** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **H.B. Vinyard Festus Mo**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN. 26 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
[Signature]

Licensed Embalmer No. 3010

P. O. Address *Festus pro*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.